Meeting Minutes
Health Information Technology Council Meeting

January 14, 2013
3:30 – 5 p.m.

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Massachusetts Health Information Technology Council Meeting
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Attendees:

Council Members:

JudyAnn Bigby, MD – *(Chair) Secretary of the Executive Office of Health and Human Services*

Manu Tandon – *(Chair) Secretariat Chief Information Officer of the Executive Office of Health and Human Services, Mass HIT Coordinator*

Deborah Adair – *Director of Health Information Services/Privacy Officer, Massachusetts General Hospital*

Karen Bell, MD – *Chair of the Certification Commission for Health Information Technology (CCHIT) EOHED*

John Letchford – *Chief Information Officer, Commonwealth of Massachusetts*

Laurance Stuntz – *Director, Massachusetts eHealth Institute*

Michael Lee, MD – *Director of Clinical Informatics, Atrius Health*

Robert Driscoll – *Chief Operations Officer, Salter Healthcare*

Normand Deschene – *President and Chief Executive Officer, Lowell General Hospital*

Margie Sipe, RN – *Nursing Performance Improvement Innovator, Lahey Clinic*

Eric Nakajima – *Assistant Secretary for Innovation Policy in Housing and Economic Development*

Julian Harris – *Director of office of Medicaid*

Lynda Young, MD – *Director, Division of Community Pediatrics at the University of Massachusetts Memorial Children's Medical Center*

Larry Garber, MD – *Medical Director of Informatics, Reliant Medical Group*

John Halamka – *Chief Information Officer, Beth Israel Deaconess Medical Center*

Steven Fox – *Vice President, Network Management and Communications, Blue Cross Blue Shield MA*

Aron Boros – *Executive Director of Massachusetts Center for Health Information and Analysis*

MTC/MeHI:

Pamela Goldberg – *Chief Executive Officer, Mass Technology Collaborative*

Sean Kennedy – *Massachusetts eHealth Institute*

Mark Belanger – *Massachusetts eHealth Institute*

Other:

Ann Hwang – *Director of Health Care Policy and Strategy*

Carol Jeffery – *Massachusetts eHealth Collaborative*

Erich Schatzlein- *Massachusetts eHealth Collaborative*

Nicholas Welch – *Executive Office of Health and Human Services*

Robert McDevitt – *Executive Office of Health and Human Services*

Claudia Boldman – *Strategic Projects Manager, ITD*

Daniel Mumbauer – *High point treatment center A&M, MABMS*

Alex Ziss – *Cape Care Coalition*

The first meeting of the newly formed Health Information Technology Council was held on January 14th, 2013 at One Ashburton Place, 11th floor, Matta Conference room, Boston, MA.

The meeting was called to order by Secretary Bigby at 3:39pm.
Secretary Bigby opened the meeting and welcomed all new HIT Council members. She thanked all continuing Council members for their work.
She announced that the new Secretary of Health and Human Services, John Polanowicz, will replace her on the Council and begin chairing the meetings in February.

I.   HIT Council (slides 3-9)
Presented by: Ann Hwang- Director of Health Care Policy and Strategy

As per the distributed meeting materials, the group reviewed the changes in the HIT Council resulting from the new healthcare reform law:
- Expansion of HIT council and the HIT Council structure and composition (suggested an overview of Ch268A at the next Council meeting)
- The responsibilities of the HIT Council
- The responsibilities of EOHHS
- The revisions to MeHI responsibilities as per Ch40J

The HIT Council meeting schedule for 2013 was announced.

II.   Mass HIway updates (slides 10-15) –
Presented by: Manu Tandon

The first phase of the Mass HIway has been launched.
An overview of the Phase One HIway services was presented:
- The HIway is a conduit and there is no data stored in the center
- The three methods to connect to the HIway were reviewed
- The Golden Spike event took place on October 16, 2012
- The Council reviewed the transactions sent between participating Golden Spike organizations

The December 2012 Mass HIway release has been implemented and the functional components of the release were reviewed.
It was noted there is a big initiative to connect EHRs and their practices in MA to the HIway. This program is known as the Last Mile.
There is one more scheduled release for Phase 1 functionality. The Council reviewed the HIway Phase 1 project schedule.

III.   Overview of the Last Mile Program mission, goals and current environment
Presented by: Laurance Stuntz
The Council reviewed the mission and goals of the Last Mile program to rapidly grow adoption of the Mass HIway to all eligible participants for measurable improvements in the quality of care, population health and healthcare costs.
The HIway environment of barriers vs. incentives and enablers vs. penalties was reviewed.
- Incentives include 2014 MU requirements and HIway Challenge (Connection) Grants
- Changes in healthcare programs, including ch224, Pioneer ACOs, PCMH, others will include penalties for noncompliance. Ch224 includes penalties to providers for non-participation in HIE by January 1, 2017

- Concern was raised that some major EHR vendors chose not to apply for the HIway Implementation Grants – Laurance replied that MeHI has had good conversation with most of the major players and those that did not apply are planning on implementing HIE connectivity and will work with the commonwealth. However, they were not comfortable enough with the rules/regulations for receiving the implementation grant money to apply.

IV.   **Last Mile Program (slides 16-22)**
Presented by: Sean Kennedy
The Last Mile approach and projects were reviewed and the program activities to date were highlighted:
- The Implementation and Support Vendor contract is in final review
- Review of EHR vendor interface grants:
    o Tier 1 grants, available to the top 13 EHR vendors in the State, deadline January 11th
    o Tier 2 grants will be released in February
- Community collaboration efforts are underway
- A Mass HIway Implementation Guide and Use Case guidance have been drafted
- Ten organizations have been implemented and there are sixty organizations in the Last Mile Program pipeline. The Council reviewed the activity steps of the pipeline
- HIway FAQs are being drafted
- Concern was raised about the HIway awareness and education for consumers vs. providers – Sean Kennedy indicated that some consumer material has been developed – a "one pager" that is a bit more than a page – but agreed that more work is needed in the space and it is targeted for later in 2013.

V.   **Mass HIway Phase 2 Updates (slides 23-28)**
Presented by: Manu Tandon
The HIway Phase 2 planning has begun. The fundamental difference in the HIway Phase 2 will be the ability to query and then retrieve a patient record.
A funding request, presented in October, has been submitted to CMS on December 21, 2012. It is hoped that a funding decision will be reached by the end of January or beginning of February.
The previously proposed Phase 2 and Phase 3 have been collapsed into one Phase 2 with two releases.
- In collapsing the remaining Phases, there will be a richer set of services available to a broader set of participants
- Release 1 will expand the interfaces to the public health
- Release 2 will include a statewide Enterprise Master Patient index (EMPI), Record Locator Service (RLS) and Consent database. The Medicaid Clinical Data Repository (CDR) is included in this release but is not part of the HIE
- The high-value use cases and value drivers were reviewed by the Council
- Is the interface spec HL7? Dr. Halamka indicated that yes, HL7 is used, but that is only the "payload" and you need web/network transport standards to get you there.
- Many of the larger institutions see patients outside of MA, are we developing anything MA specific? No. There will be more consent and policy law that will be a barrier here vs. technology being the barrier. Secretary Bigby hoped that we could make the consent process for HIE parallel the paper process that exists today.

The Council reviewed the Phase 2 project schedule and timeline.

VI.   **MeHI Update – Plans for EHR Adoption (slides 29-30)**
Presented by: Laurance Stuntz
The plan for adoption is about outreach and communication. There is a need for a better educated (specifically technology) workforce, and a need for pilots to measure the impact of that technology.
EHR adoption plans include (slide not included in handouts to Council):
  - Education
    o MeHI website
    o HIT community
  - EHRs
    o REC IOO program
    o Medicaid incentive payment program
    o BORIM support
    o Ch224 grant program
  - Mass HIway
    o Adoption program
    o Vendors
    o Technical support
    o Provider communities
    o Implementation stories
  - Innovation
    o eHealth Roundtable events "Identify and Promote Technology"
    o Charge from Ch224

VII.   **HIT Council Annual Report (slides 31-32)**
The outline of the new HIT Council Annual Report was reviewed. Due on the January 31, 2013, this year's annual report will be based on the achievements and discussion items noted in this meeting's agenda.
The report is being drafted and will be published to HIT Council members by next week.
The HIT Council will look to the Advisory Workgroups to continue to contribute as they did during the Phase 1 of the Mass HIway.

VIII.   **Next Steps (slides 33-34)**
Next HIT Council meeting: February 4, 2013
The preliminary agenda was reviewed and will include an update on phase 2 functionality, the launching of the HIT Council Advisory group structures and an overview of ethics laws.
The immediate next steps include:
  - Annual Report due by January 30, 2013
  - Reconvene Advisory Groups and continue phase 2 planning
  - Procurement for HIE Subject Matter expert (est. January 31, 2013)

General discussion followed:
  - It was suggested that a scorecard be developed to track HIway success. The success of the Mass HIway is function of adoptability, and public tracking can be a key motivator. Laurance indicated his team would work on this for the next council meeting.
  - A concern was raised that small practices may not only not have access to expensive EHR software, but may not even know that it will soon become mandatory that they connect to the HIE. Consensus was that the HIT Council should help bring this information to them.

- Concern was raised about providing "vehicles" to get on the HIway. Laurance indicated that this was part of the Last Mile Program and they are looking at this and will monitor and present status regularly. They are looking at best methods to inform providers of the HIE connectivity capability of the EHR vendors.
- Concern was raised that perhaps we have too many rules/hurdles for connecting and the consensus was that it needs to be easy and clearly demonstrate value for broad adoption.
- Concern was raised around post-acute care and what steps are being made to address this area. The Impact program is specifically designed for post-acute care organizations and 16 are participating in the program now. The goal is to have all providers connected, not just acute care.
- Question was asked if institutions having EHRs without HIE connectivity capability be forced to choose a different vendor? No, they could use a LAND device for accessing the HIE.
- The HIT Council members represent a broad spectrum of medical community and there was general agreement that there is not a lot of communication on the street about the Mass HIway yet.

Announcement:
- Next HIT Council Mtg Monday, February 4th 3:30 – 5 pm.
- Secretary Bigby closed the meeting by thanking Manu, Laurance and all the council members, stressing the Importance of the work they are and will do.

The meeting was adjourned at 4:58pm.

January 14th 2013 PowerPoint presentation attached.